

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20783

STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 536

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Harrison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital				Length of stay in lb		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Nellie Middle Glory Last Taylor				4. DATE OF DEATH Month June Day 9 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 14, 1870	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 9 Days 25		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) Rock Springs, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13. FATHER'S NAME Martin Daniel Trantham				14. MOTHER'S MAIDEN NAME Rhoda Caroline Fender			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 		17. INFORMANT Address Mrs. Faye J. Frye, Springfield, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma-in left eye Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 192x							
INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from Jan. 1957 to 6, 9, 1957 and last saw her/him alive on 6, 9, 1957 Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS 305 Medical Arts Bldg., Springfield, Missouri		22c. DATE SIGNED 6.12.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 11, 1957		23c. NAME OF CEMETERY OR CREMATORY Maplewood cemetery		23d. LOCATION (City, town, or county) (State) Harrison, Arkansas	
24. FUNERAL DIRECTOR ADDRESS Holt Funeral Home, Harrison, Ark.				25. DATE RECD. BY LOCAL REG. 6-14-57		26. REGISTRAR'S SIGNATURE [Signature]	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Genevieve Pagen*
.....

Licensed Embalmer No. *60*

P. O. Address *San Francisco*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above: